EXHIBIT C

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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

JAMES JIRAK and ROBERT PEDERSON, on behalf of themselves and others similarly situated,

Plaintiffs,

vs.

ABBOTT LABORATORIES, INC.,

Defendant.

Index No. 07CV3626

Tuesday, September 22, 2009
New York, New York
Time: 10:37 a.m.

Videotaped deposition of NICOLE MENE GUERRERA, taken by Defendant, pursuant to notice, held at the offices of Jones Day, 222 East 41st Street, New York, New York, on Tuesday, September 22, 2009 at 10:37 a.m. before Josephine H. Fassett, a Registered Professional Reporter and Notary Public of the State of New York.

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A P P E A R A N C E S :

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A L S O P R E S E N T :

CHAD ACKERMAN, Videographer

antidepressant differ when you would sell it to hospitals as compared to selling it to private offices?

A Yes.

Q Can you explain to me how?

A Well, hospital sales versus private office sales are very different because when you're in a hospital, you're speaking to pharmacy, you can potentially be speaking to buyers in purchasing, because the hospital needs to purchase the medication to prescribe it to their patients. In this particular situation the inpatient ward, because it was a very potent antidepressant for very severely depressed people.

In the private office setting, you don't really have that sort of control, you're not really discussing price point, no one's really buying anything from you, it's different. You're just discussing formulary status, clinical advantages, it's more marketing, it's more promotion.

Q When you say formulary status, what does that mean?

A It means a doctor is probably not

going to write the medication if it's not on a preferred formulary. If it's off formulary, the patient's not going to fill because they're not going to be able to afford it, so it's just not realistic. So it's very important that the medications that you're trying to promote are formulary status, they're on managed care, they're on, you know, Blue Cross-Blue Shield, Oxford, they're on, they're accepted on formularies. Because if they're not, no one's going to be able to go to a drug store and purchase it.

Q And when you say it's more marketing and promotion what do you mean by that?

A Because when you walk into a private office and you're speaking to physicians, you know, you have a few minutes in between seeing patients and you're really discussing the package insert. You're discussing, you know, the absolute, you know, legal, if you will, sort of speak, that the package insert describes the medication, the pharmacokinetics, the pharmacodynamics, what it does for the body, what it does on the body, side effects, dosing, et cetera. That is really what you do versus talking about what it costs. So it's

Q Yeah, in terms of how many visits?

A No.

Q Still tried to see 10?

A Correct.

Q How did you decide which doctors to see?

A Well, Abbott Laboratories gave us a computer and a call plan of all the doctors we were supposed to see, it wasn't up to me who I saw, it was up to them who I saw.

Q In a given day or over a given week?

A In a given month. I mean, you got a call plan of doctors period. And we had a routing system that we would take the doctors, divide them up to four and do a four-week call cycle. I also had two other partners I worked with. I called from Jupiter -- I covered from Jupiter to Kendall. One gentleman did Fort Lauderdale to Kendall and one lady did Jupiter to Fort Lauderdale. So I did everyone's geography. I was that third person. Because the whole premise was repeating visiting these doctors over and over and over again, so we had to, the three of us had to sit down and work accordingly on our routing schedules so we wouldn't

A Anesthesia.

Q Why?

A I like selling in the hospital setting much better than the private office setting. That's what I'm doing now actually for Baxter, selling anesthesia. I like reviewing cases. I like learning about the surgeries. It's just more suited for my personality. I felt like in the pharmaceutical setting, the renal care setting, and also what I did with the antibiotics, it was a very canned selling setting. They told us what to say, they told us how to say it, you know, these marketing pieces you couldn't, you couldn't stray from it, you couldn't use your own personality. You know, I felt very, like I was in a box. Whereas when I sell anesthesia -- now granted I sell several different types of anesthesia, remember, for renal care I sold one product, I can have a conversation with the physician, I can learn from him about different cases and different styles of prescribing habits, it's just more interesting to me, I just enjoy it better.

Q Was there a type of representative in Mr. DeMascoli's area that was a mirror

develop current and future business potential, is that correct, was that one of the expectations?

MR. DiCHIARA: Objection. The document speaks for itself, but go ahead, you can answer.

A What do you mean future business potential? Well, as far as, we were not able to find doctors, the doctors were given to us, that's the only conflict I have with future business potential. We were to take the doctors in our call plan and hopefully, you know, get them to write a script for Zemplar. We couldn't meet a nephrologist at, you know, at the mall and add them to our call plan. This is very outlined and detailed and specific, we would only call on the doctors that were given to us in our computer and our PDA.

Q And the goal once you're assigned a nephrologist is to develop some type of strategy to get that nephrologist to prescribe Zemplar tablets?

MR. DiCHIARA: Objection to the form. Go ahead.

A I wouldn't say strategy but -- I wouldn't use the word strategy, it was calling on endocrinologists as well as nephrologists, building

a relationship, learning their prescribing habits, learning their, their patient population and promoting and marketing Zemplar tablets to them, which was an active form of vitamin D, and, you know, giving them package inserts, some marketing materials, clinical reprints and/or samples if so they would like that.

Q How would you learn their prescribing habits?

A We had printout data, data from some pharmacies, but for the most part they would tell us. They would just really be very honest and tell us: I write that drug, I don't write that drug. We had some documentation that was given to us from for Abbott Labs. Abbott would retain this information from, from pharmacies that would share that information, because pharmacies don't have to. So we had a little bit of an outline kind of thing, but it was never exact, it was never definite, and a lot of it really came from which, which formulary accepted our products. Formulary status had, I'd say, 98 percent to do with it. Most patients who have renal failure or kidney failure are elderly, a lot of them are on Medicaid/Medicare. I don't

messages for your meetings with the doctors?

A Core messages.

Q Core messages?

A Uh-hum.

Q And what was a core message?

A A core message was what our drug did and how it could, you know, help the patients suffering from this disease.

Q And how would you utilize that core message in your sales or promotion of the drugs?

A We had marketing pieces with our core message on it, little dosing cards and some clinical reprints, and depending on how the conversation went and what kind of time you got with the doctor, sometimes you get 30 seconds, sometimes you get 10 minutes. You never really knew what kind of time, if any, you would get with the physician, so you kind of had it all prepared. Am I going to see him for 30 seconds in the hallway as he's running from room to room? Do I have my samples ready? You're prepared for all the different, you know, canned scripts that Abbott provided us for whatever time, sort of timeline we would receive with the physician, if any.

to high prescribing physicians to maximize volume and market share, do you agree that you did that?

A Yes. I only called on high prescribing physicians versus Terry and Gabriel.

Q Did you help to decide which those -- which were the high prescribing physicians or those that would produce greater market share for Abbott Laboratories?

A No. That information was given to us.

Q In the next operational expectations regarding business processes it talked about how you assessed targets, developed strategic and tactical plans, and updated each trimester, did you do that?

A I don't really understand what it means when it say updated each trimester, but.

Q Well, let's go to the first part of it.

A Okay.

Q Did you assess targets and develop strategic and tactical plans?

A Yes.

Q Did you develop routing schedules?

A Yes.

Q Did you develop medical education

A Yes, I see that, okay, yes.

Q Do you know what that means?

A I didn't implement strategies.

Q Okay.

A I went to my key accounts but I didn't decide what I was going to say, I was, I was told what to say based on our medication that we sold to the physician in the disease state but I didn't implement the strategies.

Q Okay. And during your career as a renal sales specialist during that year, did you supervise anyone?

A No.

Q Did you develop any policies, company-wide policies for Abbott during that year?

A No.

Q Did you develop any company-wide sales strategies for Abbott during that year?

A No.

Q Did you develop any company-wide marketing strategies for Abbott during that year?

A No.

Q Okay.

MR. DiCHIARA: That's all I have.